

Welcome, New Legislator!

As a member of the Legislature, you are eligible for the State of Montana Employee Group Insurance Benefits. The State provides a comprehensive package of insurance benefits from which to choose. **Some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** Your medical and dental coverage is effective on your **date of hire** (first day of employment) or the first day of the pay period following receipt of form. You can expect to receive medical and dental identification cards within **six weeks of returning your forms**.

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$366 per month of employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the “**Core Benefits**.” Enrollment instructions are on page three. The “**Core Benefits**” consist of :

- ♦ One of the medical plans outlined in this book
- ♦ The State Dental Plan
- ♦ Basic Life Insurance (\$14,000)

There are also **add on benefits** that you may choose in addition to the above core benefits. Each benefit is described in detail within the booklet. They include:

Medical and/or Dental Coverage for dependants

Additional Life Insurance for you and/or your dependants

Long Term Care Insurance

Optional Vision Coverage

CHOOSE ONE OF THE OPTIONS LISTED BELOW:



1. ENROLL FOR COVERAGE:

Complete the forms listed below. (The forms are included within this booklet.)

- A. For Medical Insurance, Dental Insurance, Premium Payment Plan, and Vision Insurance complete the **State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
- B. For Life Insurance complete the **Standard Life Insurance Co. Enrollment/Change Form.**
- C. To enroll in Long Term Care Insurance you must request a **Long Term Care Insurance Enrollment Kit** from the Benefits Bureau 800-287-8266 or 444-7462 in Helena.

Note: During the Legislative session, any out-of-pocket premiums will be deducted from your paycheck, however, after the session, these premiums can be paid directly to the Benefits Bureau on the first day of each month or they can be directly deducted from your bank account. If you choose the direct deduction option, please complete the Electronic Premium Deduction Authorization Form found within this packet.

-OR-

2. WAIVE PARTICIPATION IN THE GROUP COVERAGE:

Complete the Employee Group Benefits Plan Enrollment/Change form and check the waiver of coverage box located in the upper right hand corner.

-OR-

3. WAIVE COVERAGE AND APPLY THE STATE CONTRIBUTION TO OTHER HEALTH COVERAGE:

Under this option, the State contribution of \$366.00 could be applied to other health insurance coverage where you experience out-of-pocket premium cost. To choose this option, you must complete the Option 2 Health Insurance Election Form, Premium Statement Form (pages 41 & 42), and provide documentation from your insurance provider of your out-of-pocket premium costs. These payments are sent to you directly at the beginning of each month.

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GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Indemnity medical plan

Plans that require a deductible to be met before any cost sharing begins. The state refers to these plans as its Traditional and Basic plans.

Managed care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network providers

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating providers

Providers who have a contract with the plan administrator to accept allowable charges as payment in full.

Primary Care Provider

A provider that coordinates a member's medical care and provides referrals for specialty care.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered by the relevant medical or prescription drug.

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinonetmt.com

MEDICAL RATES

Monthly Premiums	Traditional	Basic	Peak	Blue Choice	New West
Employee	\$331	\$308	\$318	\$335	\$317
Employee & spouse	\$498	\$455	\$483	\$509	\$486
Employee & children	\$452	\$415	\$440	\$463	\$443
Employee & family	\$526	\$480	\$509	\$537	\$512
Joint Core	\$386	\$359	\$378	\$397	\$381

TRADITIONAL

MEDICAL PLAN COSTS

Administered by BCBS and APS

Annual Deductible* (Applies to all services, unless otherwise noted)	\$435/Member \$1,305/Family
Coinsurance Percentages	
General	25%
Preferred Facility Services (See page 36 for a list of preferred facilities)	20%
Nonpreferred Facility Services (See page 36 for a list of non-preferred facilities)	35%
Annual Out-of-Pocket Maximums*	
(Maximum coinsurance paid in the year; excludes deductibles and copayments)	Average of \$1,500/Member (20% - 35% of \$6,000 in allowable charges)
	Average of \$3,000/Family (20% - 35% of \$12,000 in allowable charges)

*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).

MEDICAL PLAN SERVICES

Coinsurance:

Hospital Services (Inpatient services must be certified. Pre-certification is strongly recommended.)	20% - 35%
Room Charges	20% - 35%
Ancillary Services	20% - 35%
Surgical Services	20% - 35%
Outpatient Services	20% - 35%

BENEFIT YEAR 2003

BASIC		MANAGED CARE BENEFIT PLANS	
		BLUE CROSS/BLUE SHIELD - Administered by Blue Cross/Blue Shield	
		NEW WEST - Administered by New West Health Plan	
		PEAK - Administered by Peak Health Plan	
Administered by BCBS and APS		In-Network Benefits	Out-of-Network Benefits
\$1,305/Member \$2,610/Family		\$300/Member \$600/Family	Separate \$500/Member Separate \$1,000/Family
25% 20% 35%		25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges)		\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)			
Coinsurance/Copayment:		Coinsurance/Copayment:	Coinsurance:
20% - 35%		25%	35%
20% - 25%		25%	35%
20% - 25%		25%	35%
20% - 35%		25%	35%
20% - 35%		25%	35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

TRADITIONAL

Physician Services	
Office Visits	25% (no deductible for two office visits)
Inpatient Physician Services	25%
Lab/Ancillary/Miscellaneous Charges	25%
Emergency Services	
Ambulance Services for Medical Emergency	25%
Emergency Room Hospital Charges	20% - 35%
Professional Charges	25%
Urgent Care Facility Services - Hospital Based Hospital Charges	20% - 35%
Professional Charges	25%
Urgent Care Facility Services - Free Standing Facility Services	25%
Professional Charges	25%
Maternity Services	
Hospital Charges	20% - 35%
Physician Charges	25%
Prenatal Office Visits	25%
Routine Newborn Care Inpatient Hospital Charges	20% - 35% (no deductible)
Physician and Lab Charges	0% (no coinsurance, no deductible)
Preventive Services	
Adult Exams and Tests Mammogram, gyno exam and pap, proctoscopic and colonoscopic exams, PSA tests, bone density tests	25% (no deductible) Max: 2 bone density tests/lifetime Max: \$130 for colonoscopy, sigmoidoscopy
Adult Immunizations for Pneumonia and Flu	Not covered
Well-Child Checkups and Immunizations	25% (no deductible) 0% (no deductible for County Health Department) (through age 5)
Mental Health Services	
Mental Health Care	
Inpatient Services (Inpatient services must be certified. Pre-certification is strongly recommended.) Max: One inpatient day may be exchanged for two partial hospital days.	20% - 35% 21 days (No max for severe conditions)
Outpatient Services	
With required referral or EAP counselor referral	25% Max: 40 visits (No max for severe conditions)
With NO required referral or EAP counselor referral	50% Max: 20 visits (No max for severe conditions)

BENEFIT YEAR 2003

BASIC	IN-NETWORK	OUT-OF-NETWORK
\$15/visit (no deductible)	\$15/visit (some lab & diagnostic included)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	Covered under In-Network Benefit
20% - 35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	Covered under In-Network Benefit
25%	25%	
20% - 35%	\$25/visit	\$25/visit
25%	25%	35%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for all prenatal care	35%
20% - 35% (no deductible)	25%	35%
0% (no coinsurance, no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$130 for colonoscopy, sigmoidoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35%
Not covered	\$15 with office visit (Allergy shots 25%, with no deductible in-network)	35%
25% (no deductible) 0% (no deductible for County Health Department) (through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35%
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

TRADITIONAL

Chemical Dependency Inpatient Services* <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20% - 35%
Outpatient Services* With required referral or EAP counselor referral	25% Max: 40 visits and Dollar Limit*
With NO required referral or EAP counselor referral	50% Max: 20 visits and Dollar Limit*
*Dollar Limit Max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year thereafter.	
Rehabilitative Services	
Physical, Occupational, and Speech Therapy Inpatient Services <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20% - 35% Max: 60 days
Outpatient Services – Hospital	20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)
Outpatient Services – Non-Hospital	25% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)
Alternative Health Care Services	
Acupuncture	25% (plus charges over \$30/visit)
Naturopathic	25% (plus charges over \$30/visit)
Chiropractic	25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care
Extended Care Services	
Home Health Care <i>(Physician ordered/prior authorization recommended)</i>	25% Max: 70 days
Hospice	25% (20% - 35% if hospital-based) Max: 6 months
Skilled Nursing	25% (20% - 35% if hospital-based) Max: 70 days
Miscellaneous Services	
Dietary/Nutritional Counseling <i>(When medically necessary and physician ordered)</i>	20% - 35% Max: \$250
Durable Medical Equipment, Appliances, and Orthotics <i>(Prior authorization required for amounts >\$500)</i>	25% Max: \$100 for foot orthotics (per foot)
PKU Supplies	25%
Transportation <i>(Limited to reasonable one-way expenses for services not available in MT)</i>	25%
Organ Transplants <i>(Must be certified. Pre-certification is strongly recommended.)</i>	
Transplant Services Lifetime Maximums:	25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum

BENEFIT YEAR 2003

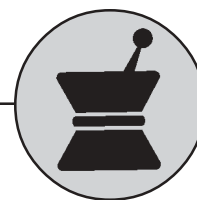
BASIC	IN-NETWORK	OUT-OF-NETWORK
20% - 35%	25%	35%
25% Max: 40 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
50% Max: 20 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
20% - 35% Max: 60 days	25% Max: 60 days	35% Max: 60 days
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35% Max: 30 visits
25% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35%
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care	\$15/visit Max: 20 visits for chiropractic subject to required referral	Not covered
25% Max: 70 days	\$15/visit Max: 30 visits	35% Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	25% Max: 30 days instead of hospitalization	35% Max: 30 days instead of hospitalization
20% - 35% Max: \$250	\$15/visit Max: no limit	35%
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35%
25%	0% (Plan pays for 100% for services required under State mandate.)	35%
25%	Ambulance service & organ transplant only	Not covered
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

ANNUAL BENEFIT PLAN SUMMARY

PRESCRIPTION DRUG PLAN

Administered by Eckerd Health Services (EHS) • 1-888-347-5329 • www.ehs.com

DEDUCTIBLE OF \$100.00 PER PERSON APPLIES BEGINNING 07/01/03 FOR RETAIL PHARMACY PRESCRIPTIONS.



Out-of-Pocket Maximums

Each Prescription	\$250
Each Member	\$1,160/year
Each Family	\$2,320/year

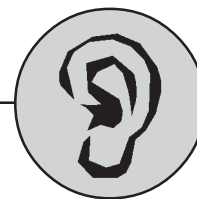
Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic		• \$20 copay + 10% of cost over \$400*
If Rx cost is <\$8	• Actual pharmacy charges	
If Rx cost is \$8+	• 10% coinsurance (\$8 minimum)	
Brand, Formulary		• \$40 copay + 20% of cost over \$400*
If Rx cost is <\$16	• Actual pharmacy charges	
If Rx cost is \$16+	• 20% coinsurance (\$16 minimum)	
Brand, Nonformulary		• \$60 copay + 30% of cost over \$400*
If Rx cost is <\$24	• Actual pharmacy charges	
If Rx cost is \$24+	• 30% coinsurance (\$24 minimum)	

* For prescriptions costing more than \$400 for a 90-day supply, call Eckerd Health Services to determine the total out-of-pocket cost.

NOTE: Prescription drug coverage is effective one year from your election date, unless you provide a certificate of coverage reflecting that you had previous prescription coverage.

EMPLOYEE ASSISTANCE PROGRAM

Administered by APS Healthcare • 1-800-635-5271 or 444-8550 • www.apshealthcare.com



Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal and Financial Consultations	• Free	
Long-term Services		
Counseling	• 25% with APS referral	• 40 outpatient visits
Psychiatric Services	• 25% with APS referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with APS referral	• 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health section of the Annual Benefit Plan Summary.

BENEFIT YEAR 2003

DENTAL PLAN



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

DEDUCTIBLE OF \$50.00 PER PERSON APPLIES BEGINNING 07/01/03 (excludes Type A preventative services). A MAXIMUM YEARLY BENEFIT OF \$1,000 FOR ALL SERVICES WILL BE IMPLEMENTED 07/01/03.

Monthly Premiums

Member only	\$28.60
Member and spouse	\$34.60
Member and children	\$41.60
Member and family	\$46.60
Joint Core	\$32.60

Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> • One full-mouth X-ray or series in any 36-month period. • One set of supplementary bitewing X-rays in any 180-day period. • One exam and/or cleaning in any 180-day period. (Fluoride application covered through age 19.) • Subject to \$1,000 yearly maximum • Not subject to deductible
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> • Subject to \$50.00 deductible • Subject to \$1,000 yearly maximum
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> • Subject to \$50.00 deductible • Subject to \$1,000 yearly maximum • \$1,500/year for pontics and gold and porcelain fillings, crowns, onlays, and inlays. • Replacement crowns limited to once every five years. • Replacement dentures limited to once every five years. • \$10,000/lifetime for endentulous Dental Implants (prior authorization required. Yearly maximum also applies) • Dental sealants – limited to covered dependents, may be applied to molars once per tooth per life



OPTIONAL VISION PLAN

Administered by VSP Well Vision
1-800-877-7195 • www.vsp.com

Monthly Premiums

Member only	\$7.85
Member and spouse	\$12.40
Member and children	\$12.65
Member and family	\$20.40

Covered Services	Frequency	Coverage from a VSP Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	Up to \$45 allowance
Frames	24 months	Up to \$120 allowance	Up to \$47 allowance
Lenses	24 months	\$20 copay applied to lenses & frame	Up to \$45 allowance - single vision Up to \$65 allowance - lined bifocal Up to \$85 allowance - lined trifocal
Contact Lenses	24 months	Up to \$105 allowance	Up to \$105 allowance

Other value added discounts available - see page 18 for more details

ANNUAL BENEFIT PLAN SUMMARY

LIFE INSURANCE PLAN

Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$2.80
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.040/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.055/\$1,000 of coverage

Age Rates

Based on employee's age the last day of month

<30	... \$0.03
<35	... \$0.05
<40	... \$0.08
<45	... \$0.10
<50	... \$0.15
<55	... \$0.23
<60	... \$0.43
<65	... \$0.66
65+	... \$0.98

LONG-TERM CARE INSURANCE

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options

Choices

Care Type
Plan 1
Plan 2
Plan 3

- Facility (Nursing Home or Assisted Living)
- Facility + Professional Home Care (Provided by a licensed home health organization)
- Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)

Monthly Benefit

Nursing Home
Assisted Living
Home Care

- \$1,000 - \$6,000
- 60% of the selected nursing home amount
- 50% of the selected nursing home amount

Duration

3 year
6 year
Unlimited

- 3 years Nursing Home
- 6 years Nursing Home
- Unlimited Nursing Home
- or 5 years Assisted Living
- or 10 years Assisted Living
- or Unlimited Assisted Living
- or 6 years Home Care
- or 12 years Home Care
- or Unlimited Home Care

Inflation Protection

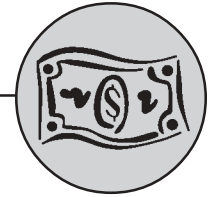
Yes
No

- 5% compounded annually
- No protection

BENEFIT YEAR 2003

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PREMIUM PAYMENT PLAN

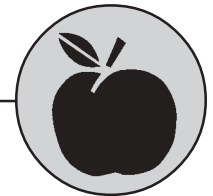


Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena • www.discoveringmontana.com/doa/spd/benefits/index.htm

Benefit of Participation Pre-tax Eligible	Eligible Premiums • Health, dental, vision, accidental death & dismemberment coverage, and up to \$50,000 in employee term life
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**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Employee Benefits Bureau of any changes as soon as possible to avoid losing premiums.*

WELLNESS PROGRAMS

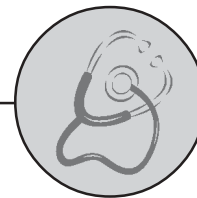


Provided by the Employee Benefits Bureau
1-800-287-8266 • www.discoveringmontana.com/doa/spd/css/benefits/healthbenefits.asp

2003 Programs Health Screenings	Cost Free biannually to subscriber	Benefits • Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides • Blood pressure, body mass index, strength and flexibility • Optional PSA and osteoporosis screenings • Information on risk reduction through life-style modifications
Flu Vaccinations	Nominal charge	• Conveniently available at employee work sites
Spring Fitness Move to Improve Food & Fitness	\$5/member	• Team program designed to get people <i>active</i> • Team program for active folks who want to boost their <i>nutrition</i>
Weight Watchers	*Half-off fee	• Helps pay for qualifying employees to join Weight Watchers and get fit
Smoking Cessation	*Half-off fee biannually	• Helps smokers quit through a step-by-step program, group support, health care provider presentations, and help from former smokers
Lunch & Learn	Free	• This educational brown-bag series offers healthy-living talks by local experts
Health Club Discounts	Free	• Most clubs are now offering a discount for State of Montana employees

**Weight Watchers and Smoking Cessation programs are available to qualifying members only. Half-off fee is described in detail on page 30. For more information, visit the Wellness Program's web site, or call the Employee Benefits Bureau.*

MEDICAL INSURANCE PLANS



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, retirees, and COBRA members of the State Benefit Plan are eligible for the Medical Insurance Plan. Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;

- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.



CLICK ON IT!
Learn more about your insurance administrator's customer service by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinonetmt.com

INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review and compare each plans' costs and services, starting on page 6.

3. Review your typical health care needs and look at the Cost Comparisons on page 17.

4. If you are considering a managed care plan, review the Managed Care Areas section on pages 29 and 30, and the provider directories beginning on page 32.

5. Determine which plan will work best for your family. Make your selection by completing the New Enrollment and Dependent Sections of the Employee Group Benefits Enrollment/Change Form. Coverage is effective on your first date of hire or the first day of the pay period following receipt of form. If electing hire date, retroactive premiums are collected on an after tax basis.

Employee Group
Benefits Enrollment/
Change Form
Parts I & 4



GENERAL INFORMATION

The State of Montana offers two indemnity insurance plans and three managed care plans to choose from:

- **Traditional Plan**
- **Basic Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

INDEMNITY PLANS

The Traditional and Basic indemnity plans are administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service, and provides notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How They Work

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The

Plan then pays the remaining allowable charges, which the provider accepts as full payment.

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Preferred Hospital Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals offer services for members on the Traditional or Basic plans that are subject to lower coinsurance rates. Please refer to the Participating Hospitals section on page 36 for a list of these hospitals. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral is obtained).

In-Network Benefits

When joining a managed care plan, members choose a Primary Care Physician (PCP) who is a member of the plan's network providers. The PCP oversees the member's care and generally gives referrals for any specialty care that is needed. While a PCP referral is not required for the plan member to see an in-network specialist, referrals are required from a plan physician to see an out-of-network specialist and still receive the plans' in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Out-of-State Services

Plan members may receive standard benefits for medical services in other states for a medical emergency if they obtain a required referral, or if their plan accesses an out-of-state network. Please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan and Basic Plan are both available to members living anywhere in Montana or throughout the world.

These plans include services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The Standard Managed Care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are

available to members living in certain areas in Montana. Please see page 34 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

New West Health Plan

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, Miles City, and the surrounding communities.

IMPORTANT!
BCBS providers for the Traditional and Basic plans are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

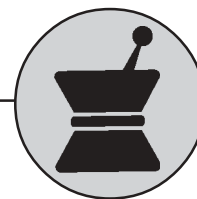
MEDICAL INSURANCE COST COMPARISONS

The following medical insurance cost comparisons show how each plan would process the same service, and what costs the plan member would be responsible for paying. The example is cumulative with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on pages 6 and 7. These examples assume the services were for one member. This is simply an example showing cumulative services for ease of plan comparison and is not a guarantee that similar services will process identically.

EMPLOYEES, LEGISLATORS, & COBRA		TRADITIONAL		BASIC	MANAGED CARE PLANS	
Sample Services	Allowable Charge				In-Network	Out-of-Network
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay ➔	\$76	\$45	\$45	\$150
Copay costs				\$45 (\$15/each)	\$45 (\$15/each)	
Costs applied to deductible			\$50*			\$150
Coinsurance costs			\$25			
Lab charges with office visit 1	\$75	You pay ➔	\$75	\$75	\$75	\$75
Copay costs						
Costs applied to deductible			\$75	\$75	\$75	\$75
Coinsurance costs						
Specialist visit (i.e. dermatologist)	\$200	You pay ➔	\$200	\$200	\$15	\$200
Copay costs					\$15	
Costs applied to deductible			\$200	\$200		\$200
Coinsurance costs						
Preferred hospital inpatient	\$8,500	You pay ➔	\$1,290	\$2,524	\$2,225	\$2,075
Copay costs						
Costs applied to deductible			\$110	\$1,030	\$225	\$75
Coinsurance costs			\$1,180	\$1,494	\$2,000	\$2,000
Nonpreferred hospital inpatient	\$8,500	You pay ➔	\$2,175	\$3,645	\$2,225	\$2,075
Copay costs						
Costs applied to deductible			\$110	\$1,030	\$225	\$75
Coinsurance costs			\$2,065	\$2,615	\$2,000	\$2,000

*First two office visits are exempt from the deductible.

PRESCRIPTION DRUG PLAN



Administered by Eckerd Health Services (EHS) • 1-800-347-5329 • www.ehs.com

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all state employees. Any member enrolled in a medical insurance plan will automatically receive this plan. Coverage begins one year from your

enrollment date, unless you can provide a certificate of coverage reflecting that you had previous prescription coverage. There is no separate premium for this plan.

INSTRUCTIONS

No separate enrollment is required.

GENERAL INFORMATION

DRUG OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy or a mail-order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Prescriptions filled at a retail pharmacy are subject to a \$100.00 per person deductible beginning 07/01/03 except for multiple sclerosis and compound drugs. If you use a pharmacy in the EHS

Preferred Network and have met your deductible, you only pay the plan copay and any coinsurance. You will have no unallowed charges.

A list of network pharmacies is provided, beginning on page 27.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions from Express Pharmacy Services or Ridgeway Pharmacy, through EHS's mail-order service. Please

see page 27 for a list of mail-order pharmacies.

DRUG COSTS

Refer to the Annual Benefit Plan Summary on page 12 for information on prescription drug costs.

PRIOR AUTHORIZATIONS

For information on drug prior authorizations, vacation overrides, or any other questions, call EHS.

OPTIONAL WELL VISION PLAN

Administered by Vision Service Plan (VSP) • 1-800-877-7195 • www.vsp.com

WHO IS ELIGIBLE?

Employees, Retirees, spouses, and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums found on page 13 and complete the Vision Enrollment Form. **If you choose this enrollment, it is a two year commitment. (January 1, 2003 through December 31, 2004)**

Complete the Enrollment/Change Form



GENERAL INFORMATION

Using Your VSP Benefit

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the Web Site at www.vsp.com or call member services at 800-877-7195.

Value Added Discounts

Laser Vision Care - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's Web Site to learn more.

Contact Lenses - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

Prescription Glasses - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

Out-Of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO box 997105, Sacramento, CA 95899-7105.

EMPLOYEE ASSISTANCE PROGRAM



Administered by APS Healthcare • 1-800-635-5271 or 444-8550 • www.apshealthcare.com

WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in your household.

INSTRUCTIONS

No separate enrollment is required.

GENERAL INFORMATION

SHORT-TERM BENEFITS

You or your dependents are entitled to four free visits per issue each year with a counselor who holds at least a Master's Degree. All visits are completely confidential. APS counselors advise plan members in areas such as money management, grief, coping with stress, family difficulties, and work-related issues. If you are in a crisis situation or just want to talk to someone quickly and confidentially, call APS anytime.

APS also offers free legal consultations and referrals, as well as free financial consultations. To use those services, call APS.

LONG-TERM BENEFITS

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, APS will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Plan members will receive a better benefit for outpatient visits when they first obtain an APS referral.

MANAGED CARE MEMBERS

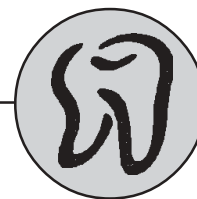
Managed care members do not need a referral to use APS for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

HELP IS HERE!

For crisis counseling, or to make an appointment, call APS at
1-800-635-5271
(24 hours a day, 7 days a week)
Helena residents may call
444-8550
(weekdays, 8 a.m. to 5 p.m.)

DENTAL PLAN

Administered by Blue Cross/Blue Shield
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com



WHO IS ELIGIBLE?

Employees are required to elect dental insurance. Additionally, you may elect to add dependents.

Adding a dependent to the plan requires the submission and approval of an application, except for children under 3 years of age. Applicants will be required to have outstanding dental problems identified during the application exam and corrected before joining the plan.

INSTRUCTIONS

1. Read about the Dental Plan in the General Information section on this page and the Benefits Summary on page 13.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Make your selection by completing the New Enrollment & Dependent Section of the Employee Group Benefit Plan Enrollment/Change Form.

Employee Group
Benefit Plan Enrollment/Change Form
Parts 1 & 4



GENERAL INFORMATION

Dental plan benefits are paid differently depending on the type of service received.

The deductible of \$50.00 per person applies beginning 07/01/03. Deductible does not apply to Type A preventative services.

Each member and dependent has a maximum yearly benefit of \$1,000 for all dental services incurred in 2003 and subsequent plan years.

If you use a BC participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

TYPE A SERVICES

The Dental Plan pays 100 percent (within yearly maximum) of the allowable charges for Type A Services and are not subject to deductible:

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 19 years of age, but *not more than one examination and/or application in any 180-day period.*

3. Unscheduled minor emergency treatment to relieve pain.

TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible and within yearly maximum) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible and within yearly maximum) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$10,000 for endentulous Dental Implants per lifetime. (Prior authorization is required. Subject to yearly maximum).

6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

Type C Limitations

Type C Services (except replacement dentures) are payable after 12 months of continuous coverage under the Plan. Replacement dentures are payable after 36 months of continuous coverage (waiting periods may be eliminated or reduced by a Previous Coverage Credit).

CLICK ON IT!

There's more information on the Dental Plan at the State of Montana web site:

[www.discoveringmontana.com/
doa/spd/benefits/dental_benefits.htm](http://www.discoveringmontana.com/doa/spd/benefits/dental_benefits.htm)



LIFE INSURANCE PLAN



Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

INSTRUCTIONS

1. Read about the various plans in the General Information section on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs in the Annual Benefit Plan Summary on page 14.
4. Make your selection by completing the Life Insurance Enrollment/Change Form .

Complete the
Life Insurance
Enrollment Change
Form



GENERAL INFORMATION

LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans offered are term life plans, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees and is also available to retirees under age 65 who continue state benefits.

Plan B – Dependent Life

This plan is only available during your

initial 31-day enrollment period, or within the first 31 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for spouses and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. This amount is available without carrier approval if you enroll during your initial 31-day enrollment period. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$200,000. These additional amounts require evidence of insurability to be submitted and approved

Plan D – Optional Spouse Life

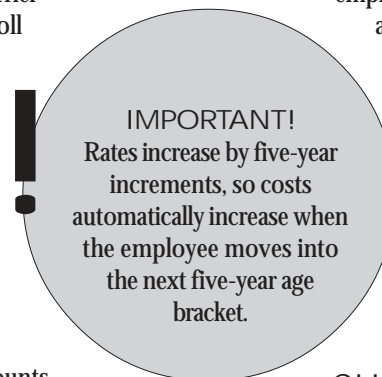
This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$200,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

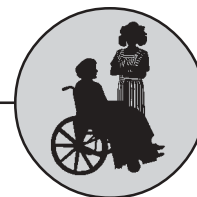


MAKING A CHANGE

If you are adding or increasing plans C or D, you will receive a Medical History Statement (application) from the Employee Benefits Bureau. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will subsequently be notified of the underwriting decision and, if approved, of the effective date of your life insurance coverage.

LONG-TERM CARE INSURANCE PLAN

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

4. If you would like to sign-up for the plan, please ask your payroll clerk for a "Long-Term Care Insurance Plan Enrollment Kit" or by calling the Employee Benefits Bureau at 1-800-287-8266 or 444-7462 in Helena.

INSTRUCTIONS

1. Read about the plan in the General Information section on this page.

2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.

3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 23 and 24.

Request a Long Term
Care Insurance
Enrollment Kit



GENERAL INFORMATION

LONG-TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

IMPORTANT CONVERSION NOTICE!

When you are no longer an active employee, you have 31 days to request a conversion form from the Employee Benefit Bureau. This converts you to an individual policy at the same rates.

LONG-TERM CARE INSURANCE RATES

For rates
with Inflation
Protection,
see page 24

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age 18 - 30		1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With
Inflation
Protection

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00		8.20	10.90	14.60		11.50	15.40	21.50
	31	6.10	8.10	10.20	•	8.30	11.20	14.90	•	11.70	15.90	22.00
	32	6.20	8.20	10.60	•	8.50	11.40	15.40	•	12.00	16.20	22.50
	33	6.50	8.60	10.80	•	8.70	11.80	15.70	•	12.20	16.60	23.00
	34	6.60	8.70	11.00	•	9.00	12.00	16.00	•	12.50	17.00	23.40
	35	6.90	9.00	11.40	•	9.30	12.40	16.40	•	12.90	17.50	24.10
	36	7.00	9.20	11.70	•	9.50	12.70	16.90	•	13.20	17.90	24.60
	37	7.20	9.60	12.00	•	9.70	13.10	17.40	•	13.50	18.40	25.30
	38	7.50	9.90	12.40	•	10.10	13.50	17.80	•	14.00	19.00	26.00
	39	7.70	10.00	12.70	•	10.40	13.70	18.20	•	14.30	19.30	26.50
	40	7.90	10.40	13.00	•	10.60	14.10	18.70	•	14.60	19.80	27.30
	41	8.20	10.60	13.50	•	10.90	14.50	19.30	•	15.10	20.30	28.00
	42	8.40	10.90	13.70	•	11.20	14.90	19.60	•	15.40	20.80	28.60
	43	8.60	11.30	14.10	•	11.50	15.30	20.20	•	15.90	21.40	29.40
	44	9.00	11.70	14.60	•	11.90	15.90	20.80	•	16.40	22.10	30.30
	45	9.20	11.90	14.90	•	12.30	16.20	21.30	•	16.80	22.60	31.00
	46	9.60	12.50	15.50	•	12.60	16.80	22.00	•	17.30	23.40	32.10
	47	9.90	12.80	16.10	•	12.90	17.10	22.50	•	17.90	24.10	33.10
	48	10.20	13.20	16.60	•	13.20	17.50	23.10	•	18.40	24.90	34.20
	49	10.70	13.80	17.10	•	13.70	18.10	23.60	•	19.10	25.70	35.20
	50	11.00	14.20	17.80	•	14.00	18.50	24.30	•	19.60	26.50	36.50
	51	11.50	14.80	18.50	•	14.60	19.20	25.10	•	20.50	27.60	38.00
	52	12.10	15.50	19.30	•	15.10	19.90	25.90	•	21.30	28.70	39.40
	53	12.40	16.00	19.90	•	15.40	20.30	26.60	•	21.90	29.60	40.80
	54	12.90	16.70	20.80	•	15.90	21.10	27.40	•	22.60	30.70	42.20
	55	13.80	17.70	21.90	•	16.70	21.90	28.30	•	23.50	31.70	43.30
	56	14.50	18.60	23.00	•	17.40	22.80	29.40	•	24.50	33.10	45.20
	57	15.30	19.60	24.20	•	18.30	23.80	30.80	•	25.80	34.70	47.60
	58	16.20	20.80	25.60	•	19.10	25.00	32.10	•	26.90	36.40	49.90
	59	17.10	21.90	26.90	•	20.00	26.10	33.60	•	28.20	38.10	52.30
	60	18.30	23.10	28.40	•	21.10	27.30	35.00	•	29.60	40.00	54.80
	61	19.70	25.20	30.80	•	22.50	29.40	37.50	•	31.50	42.80	58.70
	62	21.40	27.10	33.00	•	24.20	31.30	39.70	•	33.50	45.50	62.30
	63	22.90	29.10	35.50	•	25.70	33.30	42.30	•	35.50	48.30	66.30
	64	25.00	31.60	38.40	•	27.80	35.90	45.20	•	38.00	51.70	70.80
	65	28.10	35.50	43.00	•	30.90	39.80	50.00	•	41.70	56.80	77.80
	66	30.40	38.30	46.40	•	33.10	42.70	53.70	•	44.20	60.30	82.80
	67	33.20	41.80	50.50	•	36.10	46.40	58.20	•	47.60	65.10	89.10
	68	35.90	45.20	54.60	•	38.90	50.00	62.70	•	50.80	69.40	95.10
	69	39.20	48.90	59.20	•	42.30	54.00	67.80	•	54.60	74.40	102.20
	70	42.30	52.90	64.00	•	45.50	58.20	73.10	•	58.20	79.60	109.30
	71	46.10	57.50	69.30	•	49.40	63.10	78.90	•	62.40	85.50	117.10
	72	50.20	62.70	75.50	•	53.70	68.50	85.60	•	67.20	92.10	125.90
	73	54.10	67.10	80.80	•	57.70	73.40	91.40	•	71.80	98.20	134.00
	74	59.00	73.00	87.60	•	62.60	79.60	98.80	•	77.20	105.60	143.70
	75	69.20	85.60	102.50	•	73.30	93.00	115.30	•	89.70	122.70	166.50
	76	75.30	93.00	111.50	•	79.50	100.80	125.00	•	96.40	132.10	179.20
	77	80.60	99.40	119.10	•	84.80	107.50	133.30	•	102.00	139.90	189.70
	78	87.40	107.70	128.80	•	91.80	116.10	143.70	•	109.50	150.10	203.20
	79	94.10	115.80	138.50	•	98.70	124.80	154.20	•	117.00	160.70	217.20
	80	102.20	125.60	149.80	•	106.90	135.00	166.50	•	125.80	172.70	233.10
	81	110.20	135.10	161.00	•	115.10	145.00	178.50	•	134.40	184.40	248.40
	82	120.80	147.70	175.60	•	125.80	158.20	194.40	•	146.00	200.30	269.00
	83	131.70	160.70	190.70	•	137.00	172.00	210.70	•	158.40	217.20	290.70
	84	141.70	172.70	204.20	•	147.30	184.60	225.30	•	169.40	232.60	309.90

PREMIUM PAYMENT PLAN



Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena • www.discoveringmontana.com/doa/spd/benefits/index.htm

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Premium Payment Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Legislators can only participate in the premium payment plan during the Legislative session.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce or turning age 25 will lose coverage the last day of the month in which the event occurs. Dependent children losing

eligibility for coverage due to marriage or employment will become ineligible on the last day of the pay period in which the event occurs.

INSTRUCTIONS

1. Read about the Premium Payment Plan in the General Information section on this page.

2. Decide if you want to participate in the Premium Payment Plan.

3. If you wish to participate no action is required. However, if you do not want to participate please mark the "Decline to Participate" box in Part 1 of the Employee Group Benefits Plan Enrollment Change Form.

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code. The Premium Payment Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket and do not need to participate in the Premium Payment Plan.

ELIGIBLE BENEFITS

Premiums for the State's insurance plans for medical, dental, vision, accidental death & dismemberment (AD&D), and up to \$50,000 in employee term life may be paid pre-tax through the Premium Payment Plan.

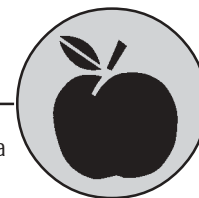
INELIGIBLE BENEFITS

Employee term life insurance coverage over \$50,000, dependent life insurance coverage, supplemental spouse life insurance coverage and Long-Term Care insurance coverage, are defined by IRS code as taxable benefits and are excluded from the Premium Payment Plan.

WHAT'S THE CATCH?

According to a new interpretation of IRS rules, a potential drawback of the Premium Payment Plan is that no refund of overpaid premiums is available. This means you must notify the Employee Benefits Bureau right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the EBB of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax reductions.

WELLNESS PROGRAMS



Provided by the State of Montana Employee Benefits Bureau • 1-800-287-8266 or 444-7462 in Helena
www.discoveringsmontana.com/doa/spd/css/benefits/Wellness/wellness.asp

WHO IS ELIGIBLE?

All employees and retirees enrolled in the State's Medical Insurance Plan are

eligible to participate in most of the Wellness Programs. Some programs offered through the Wellness Program are

even available to subscriber spouses; see program descriptions in the General Information section on this page.

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in maintaining or enhancing their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure, body mass index, and strength and flexibility; and
- optional PSA and osteoporosis screenings.

Group presentations are offered to help explain screening and assessment results, as well as information on risk reduction through life-style modifications.

Fees

The health screening is offered free once every two years to primary subscribers of the indemnity medical plans. For a nominal fee, the screenings may be obtained on an annual basis by indemnity subscribers, or by managed care subscribers and spouses enrolled in any medical plan.

SPRING FITNESS PROGRAMS

These eight-week programs run simultaneously during the spring. Both programs are offered to teams of coworkers, who compete for prizes, provide lots of encouragement, and have fun!

Move to Improve

This program offers a fun team approach to exercise for people of all activity levels and paces.

Food & Fitness

This program is designed for people who already lead an active life, but want to boost their nutrition and challenge their fitness level.

WEIGHT WATCHERS

This program offers partial fee reimbursements for folks who want to slim down and get more active.

Fee Reimbursements

Qualifying participants will be reimbursed for

- half of a 13-week session of the Weight Watchers At Work Program, or
- half of a 14-week session of the Weight Watchers Traditional Program.

Maximum annual reimbursement will be \$71.17 for the 13-week At Work Program, or \$69.65 for the 14-week Traditional Program.

Weight Qualifications

To qualify for the program, men must be at least 10 percent over the maximum weight for their age (chart available on the Wellness Program web site, or by calling the Employee Benefits Bureau). Women must be 10 percent over the maximum weight for their age, minus 4 pounds. You may also qualify with a recommendation for weight loss from either APS or your Health Screenings results, or with a written prescription from a physician for weight loss due to diabetes, high blood pressure, or high cholesterol.

Participation Qualifications

To receive the partial fee reimbursement, you must attend at least 75 percent of the classes, achieve the 10 percent weight loss goal set in advance by the Weight Watchers instructor, and exercise at least three times a week (documentation required).

For more information on program qualifications and reimbursement instructions, contact the Wellness Program.

SMOKING CESSATION HELP

Employees who want to stop smoking may be partially reimbursed once every two years for participation in a smoking cessation class.

Fee Reimbursement

If you meet the qualifications, you may receive reimbursement once every two years for half the cost of the class, up to a maximum of \$70.

For more information, visit the Wellness Program's web site or call the Employee Benefits Bureau.

Participation Qualifications

- The class must be approved by the American Lung Association.
- You must attend at least 75 percent of the classes.
- Your supervisor must sign a form stating that, to the best of their knowledge, you have quit smoking.

LUNCH & LEARN SERIES

Throughout the year, educational lunch-time talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered, including nutrition and dieting, sports safety, disease prevention, and local activities. Notification of topics, locations, and times will be sent via email to payroll technicians.

WALKING PATH

Spend your lunch break strolling on this one-mile walking path located on the Capital Complex, or determine your own walking route! Breathing in the fresh air and admiring the beautiful landscaping will help clear your mind, exercise your body, and ease your stress level.

HEALTH CLUB DISCOUNTS

Most local health clubs offer a discount for State of Montana employees. Ask your local health club for more information.

MORE INFORMATION

Visit the Wellness Program web site listed above for more information on these programs and other healthy-living tips.

EHS NETWORK PHARMACIES

CITY	PHARMACY
Absarokee	Absarokee Drug Co
Anaconda	Osco Drug #5223 Safeway Pharmacy #256 Thrifty Drug Store
Arlee	Jocko Pharmacy
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's #2009 Pharmacy Lee & Dad's Grocer
Big Sky	Lone Mountain Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's #2025 Pharmacy Albertson's #2026 Pharmacy Albertson's #2041 Pharmacy Albertson's #2959 Pharmacy Albertson's #8003 Pharmacy Albertson's #8027 Pharmacy Community Health Center Pharmacy Costco Pharmacy #69 Deaconess Billings Clinic Pharmacy First Pharmacy Gibson Pharmacy #76 Juro's United Drugs #708 K Mart Pharmacy #4303 NCS Healthcare - Montana Osco Drug #5242 Pharmacy 1 Shopko Pharmacy #2106 Snyder Western Drug #5101 Snyder Western Drug #5102 Snyder Western Drug #5105 Snyder Western Drug #5109 Snyder Western Drug #5110 St. John's Pharmacy St. Vincent's Hospital Pharmacy Wal-Mart Pharmacy #10-1956 Wal-Mart Pharmacy #10-2923 Western Drug #10 Westpark Pharmacy Woodrows United Drugs #709
Bozeman	Albertson's #2006 Pharmacy Costco Pharmacy #96 Gibson Pharmacy #79 Highland Park Pharmacy K Mart Pharmacy #7027 Medical Arts Pharmacy MSU Student Health Service Pharmacy Osco Drug #5238 Price Rite Drug Safeway Pharmacy #0289 Smith's Pharmacy #163 Wal-Mart Pharmacy #10-2084 Western Drug #6



CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Butte	Driscoll Drug Horizon Pharmacy #16 K Mart Pharmacy #3749 Osco Drug #5252 Safeway Pharmacy #279 Smith's Pharmacy #164 Smith's Pharmacy #165 St. James Community Hospital Wal-Mart Pharmacy #10-1901
Chester	Liberty Drug Westhill Pharmacy
Chinook	Chinook United Drugs #743
Choteau	Choteau Drug Inc Teton Drug
Colstrip	Yellowstone Pharmacy
Columbia Falls	Fred Meyer - CF Glacier Drug
Columbus	Matovich IGA Discount Drug Snyder Western Drug #5106
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's #2033 Pharmacy Drug Mart
Deer Lodge	Keystone Drug Safeway Pharmacy #1158
Dillon	Mitchells Drug Safeway Pharmacy #0299
Ekalaka	Dahl Memorial Pharmacy

EHS NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Ennis	Ennis Pharmacy		Smith's Pharmacy #167 Wal-Mart Pharmacy #10-1872
Eureka	Haines Drug - Eureka		
Fairfield	Barrett Drug	Jordan	Foster Jordan Drug Co
Fairview	Mondak Pharmacy	Kalispell	Albertson's #8108 Pharmacy Evergreen Pharmacy Fred Meyer - KA K Mart Pharmacy #7030 Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy #15 Shopko Pharmacy #2128 Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy #10-2259
Florence	Florence Community Pharmacy		
Forsyth	Yellowstone Pharmacy		
Fort Benton	Benton United Drugs #739		
Gardiner	Gardiner Drug		
Glasgow	Pamida Pharmacy #392 Western Drug of Glasgow		
Glendive	Albertson's #8023 Pharmacy F&G Pharmacy Gabert Clinic Pharmacy White Drug #26	Lakeside	Lakeside Pharmacy
Great Falls	Albertson's #2035 Pharmacy Albertson's #8111 Pharmacy Anderson Family United Drugs Apothecary Convenience Pharmacy Apothecary Drug Store Clinic United Drugs K Mart Pharmacy #3094 Osco Drug #5244 Pharmerica Plaza United Drugs #737 Public United Drug Shopko Pharmacy #262 Smith's Pharmacy #166 Snyder Drugs Wal-Mart Pharmacy #2455	Laurel	Gene's Pharmacy Prices Pharmacy Snyder Western Drug #5103
		Lewistown	Albertson's #8109 Pharmacy Lewistown Pharmacy Pamida Pharmacy #264 Seiden Drug Co
		Libby	Center Drug Libby Drug Rosauers Pharmacy #14
		Livingston	Albertson's #2042 Pharmacy Pamida Pharmacy #321 Western Drug #9 of Livingston
		Lolo	Lolo Drug
Hamilton	Albertson's #2040 Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus	Malta	Daniels Health Mart Valley Drug Company
Hardin	Pharmcare Pharmacy Stevenson's IGA	Miles City	Albertson's #2039 Pharmacy Big Sky Pharmacy Wal-Mart Pharmacy #10-2608
Harlowton	Two J's Pharmacy	Missoula	A & C Drug Albertson's #2010 Pharmacy Albertson's #8020 Pharmacy Albertson's #8113 Pharmacy Costco Pharmacy #67 East Gate Drug Garden City Pharmacy Hillside Manor Pharmacy K Mart Pharmacy #3072 Missoula Clinic United Drug Osco Drug #5241 Palmer's Drug Riverside Health Care Pharmacy Rosauers Pharmacy #27 Safeway Pharmacy #0355 Safeway Pharmacy #1573 Savmor Drug
Havre	Albertson's #2031 Pharmacy K Mart Pharmacy #4814 Owl Prescription Pharmacy Western Drug #1		
Helena	Bergum South United Drugs #725 Gibson Pharmacy #78 K Mart Pharmacy #7029 Osco Drug #5222 Osco Drug #5224 Reynolds Drug Safeway Pharmacy #0875 Shopko Pharmacy #2112		

EHS NETWORK PHARMACIES: MANAGED CARE AREAS

CITY	PHARMACY	BLUE CHOICE	City	Zip Code
	Savmor Drug #1 Savmor Drug II Shopko Pharmacy #2075 Tidyman's Pharmacy #5 UM Health Services Pharmacy Wal-Mart Pharmacy #10-3259 Wal-Mart Pharmacy #2147			59904
Plains	Plains Drug	City Zip Code		59909
Plentywood	Johnston Pharmacy Plentywood Drug	Absarokee 59001	Lakeside	59901
Polson	Healthcare Plus Safeway Pharmacy #3877 St. Joseph Hospital Pharmacy Wal-Mart Pharmacy #10-2607	Alder 59710		59922
Red Lodge	Beartooth Pharmacy Red Lodge Drug Company	Anaconda 59711	Laurel	59044
Ronan	Family Health Pharmacy R & R Health Care Solutions R & R Payless United Drugs 735	59722	Lodge Grass	59050
Roundup	Jorgenson's Drugs Picchioni's IGA Pharmacy	Arlee 59821	Lolo	59847
Scobey	Service Drug	Augusta 59410	Melrose	59743
Seeley Lake	Seeley Lake Pharmacy	Bigfork 59911	Miles City	59301
Shelby	Pamida Pharmacy #327 Wells United Drugs #744	Billings 59101	Missoula	59801
Sheridan	Walters United Drugs #0754	59102		59802
Sidney	Community Clinic Pharmacy White Drug #25	59103		59803
Stevensville	Family Pharmacy Ridgeway Pharmacy Valley Drug	59104		59804
Superior	Mineral Pharmacy	59105		59806
Thompson Falls	Doug's Drug	59106		59807
Troy	Kootenai Drug	59107		59808
Twin Bridges	Mcalear Pharmacy	59108		59812
West Yellowstone	Yellowstone Apothecary	59117		59822
White Sulpher Spg	Public Drug Co	Boulder 59632	Montana City	59634
Whitefish	Chalet City Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy #0106	Box Elder 59521	Olney	59927
Whitehall	Whitehall Drug	Bridger 59014	Park City	59063
		Butte 59701	Plains	59859
		59702	Polson	59860
		59703	Pryor	59066
		Canyon Creek 59633	Red Lodge	59068
		Cascade 59421	Ronan	59864
		Chinook 59523	Roundup	59072
		Choteau 59422	Ryegate	59074
		Clancy 59634	Sheridan	59749
		Columbia Falls 59912		82801
		Condon 59826	Somers	59932
		Conrad 59425	Stevensville	59870
		Coram 59913	Superior	59872
		Corvallis 59828	Thompson Falls	59873
		Crow Agency 59022	Twin Bridges	59754
		Darby 59829	Victor	59875
		Deer Lodge 59722	Whitefish	59719
		Dillon 59725		59937
		East Helena 59635	Whitehall	59759
		Fairfield 59436	Winston	59647
		Florence 59833	Wolf Creek	59648
		Fort Benton 59442	Worden	59088
		Frenchtown 59834		
		Geraldine 59446		
		Great Falls 59401		
		59403		
		59404		
		59405		
		59406		
		Hamilton 59840		
		Hardin 59034		
		Harlowton 59036		
		Havre 59501		
		Helena 59601		
		59602		
		59604		
		59620		
		59624		
		Hot Springs 59845		
		Huson 59846		
		Jefferson City 59638		
		Joliet 59041		
		Kalispell 59901		
		59903		

MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
	59106	Greenough	59836	Pryor	59066	Busby	59016
	59107	Greycliff	59033	Rapelje	59067	Butte	59702
	59108	Hall	59837	Ravalli	59863		59703
	59111	Hamilton	59840	Red Lodge	59068		59707
	59112	Hardin	59034	Reedpoint	59069		59750
	59114	Hathaway	59333	Roberts	59070	Butte	59701
	59115	Haugan	59842	Rollins	59931	Colstrip	59323
	59116	Havre	59501	Ronan	59864	Crow Agency	59022
	59117	Helena	59601	Roscoe	59071	Custer	59024
Bonner	59823		59602	Rosebud	59347	Decker	59025
Boulder	59632		59604	Roundup	59072	Deer Lodge	59722
Box Elder	59521		59620		59073	Divide	59727
Boyd	59013		59623	Saco	59261	Drummond	59832
Bridger	59014		59624	Saint Ignatius	59865	Edgar	59026
Broadview	59015		59625	Saint Regis	59866	Elliston	59728
Brusett	59318		59626	Saint Xavier	59075	Fishtail	59028
Canyon Creek	59633	Highwood	59450	Saltese	59867	Forsyth	59327
Carter	59420	Hingham	59528	Sanders	59076	Fromberg	59029
Charlo	59824	Hot Springs	59845	Shepherd	59079	Garrison	59731
Chinook	59523	Huntley	59037	Springdale	59082	Garryowen	59031
Clancy	59634	Huson	59846	Stevensville	59870	Gold Creek	59733
Clinton	59825	Hysham	59038	Sula	59871	Hall	59837
Clyde Park	59018	Jefferson City	59638	Superior	59872	Hardin	59034
Cohagen	59322	Joliet	59041	Thompson Falls	59873	Harlowton	59036
Colstrip	59323	Jordan	59337	Victor	59875	Hathaway	59333
Columbus	59019	Kinsey	59338	Whitewater	59544	Huntley	59037
Condon	59826	Kremlin	59532	Winston	59647	Hysham	59038
Conner	59827	Laurel	59044	Wolf Creek	59648	Ingomar	59039
Corvallis	59828	Lavina	59046	Worden	59088	Ismay	59336
Crow Agency	59022	Livingston	59047	Yellowtail	59035	Joliet	59041
Cushman	59046	Lloyd	59535	Zurich	59547	Judith Gap	59453
Custer	59024	Lodge Grass	59050			Kinsey	59338
Darby	59829	Lolo	59847			Lame Deer	59043
Dayton	59914	Loma	59460			Laurel	59044
De Borgia	59830	Lonepine	59848			Lavina	59046
Deer Lodge	59722	Loring	59537			Lodge Grass	59050
Dillon	59725	Malta	59538			Melrose	59743
Dixon	59831	Marysville	59640			Miles City	59301
Dodson	59524	McLeod	59052			Molt	59057
Drummond	59832	Melville	59055			Nye	59061
East Helena	59635	Miles City	59301			Park City	59063
Edgar	59026	Milltown	59851			Philipsburg	59858
Elliston	59728	Missoula	59801			Pompeys Pillar	59064
Elmo	59915		59802			Pryor	59066
Emigrant	59027		59803			Ramsay	59748
Fishtail	59028		59804			Rapelje	59067
Florence	59833		59806			Red Lodge	59068
Flowerree	59440		59807			Reedpoint	59069
Forsyth	59327		59808			Roberts	59070
Fort Harrison	59636		59812			Roscoe	59071
Frenchtown	59834	Molt	59057			Rosebud	59347
Fromberg	59029	Musselshell	59059			Ryegate	59074
Garrison	59731	Nye	59061			Saint Xavier	59075
Garryowen	59031	Pablo	59855			Sanders	59076
Gildford	59525	Paradise	59856			Shawmut	59078
Glen	59732	Park City	59063			Shepherd	59079
Gold Creek	59733	Philipsburg	59858			Sumatra	59083
Grantsdale	59835	Pinesdale	59841			Twodot	59085
Great Falls	59401	Plains	59859			Volborg	59351
	59402	Polaris	59746			Warm Springs	597

PARTICIPATING HOSPITALS

TRADITIONAL/BASIC PLANS

Preferred	20% Coinsurance
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Choteau	Teton Medical Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick's Hospital
Polson	St. Joseph Hospital
Ronan	St. Luke's Community Hospital
White Fish	North Valley Hospital
White Sulpher Springs	Mountain View Medical Center

Non-preferred	35% Coinsurance
Billings	Deaconess Billings Clinic
Missoula	Community Medical Center (Maternity Services - 25%)

All other	25% Coinsurance
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MANAGED CARE NETWORK

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	St. Vincent's Healthcare Center
Butte	Bozeman Deaconess Hospital
Chester	St. James Community Hospital
Choteau	Liberty County Hospital
Circle	Teton Medical Center
Columbus	McCone County Health Center
Conrad	Stillwater Community Hospital
Culbertson	Pondera Medical Center
Cut Bank	Roosevelt Memorial Medical Center
Deer Lodge	Northern Rockies Medical Center
Dillon	Powell County Memorial Hospital
Ekalaka	Barrett Memorial Hospital
Ennis	Dahl Memorial Hospital
Forsyth	Madison Valley Hospital
Fort Benton	Rosebud Health Care Center
Glasgow	Missouri River Medical Center
Glendive	Frances Mahon Deaconess Center
Great Falls	Glendive Medical Center
Hamilton	Benefis Health Care
Hardin	Marcus Daly Memorial Hospital
Harlowton	Big Horn County Memorial Hospital
Havre	Wheatland Memorial Hospital
Helena	Northern Montana Hospital
Jordan	St. Peter's Hospital
Kalispell	Garfield County Health Center
Lewistown	Kalispell Regional Medical Center
Libby	Central Montana Medical Center
Livingston	St. John's Lutheran
Malta	Livingston Memorial Hospital
Miles City	Phillips County Medical Center
Missoula	Holy Rosary Healthcare
	Community Medical Center
	St. Patrick's Hospital

City	Hospital
Phillipsburg	Granite County Memorial
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Poplar	Poplar Community Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prarie Community Hospital
Townsend	Broadwater Health Center
White Sulpher Springs	Mountain View Memorial Hospital
Whitefish	North Valley Hospital
Wolfpoint	Trinity Hospital

NEW WEST HEALTH PLAN

City	Hospital
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Medical Center
	Deaconess Billings Clinic
	Deering Clinic
Chinook	Sweet Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Medical Center
Dillon	Barrett Memorial Hospital
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowtown	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Livingston	Livingston Memorial Hospital
Malta	Phillips County Medical Center
Missoula	Community Medical Center
	Missoula Bone and Joint
	Rocky Mountain Eye Surgery Center
	Open MRI
	First Care Northgate
	First Care Florence
	First Care Central
	Missoula Sleep Medicine
	Montana Hart Angiolab
	Big Sky Surgery Center
Plains	Clark Fork Valley Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Musselshell County Medical Hospital
	Roundup Memorial Hospital
Superior	Mineral Community Hospital

PEAK HEALTH

City	Hospital
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Miles City	Holy Rosary Health Center
Red Lodge	Beartooth Hospital and Health Center

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Absarokee	Exley, Jack L.	Family Practice		Starr, Brian L.	Pediatrics
Anaconda	Baker, Shawna L.	Family Practice		Stevens, Richard C.	Pediatrics
	Mitchell, Michael J.	Family Practice		Tapia, Lionel Edward	Pediatrics
	Reiter, William M.	Internal Medicine		Thompson, Frank R.	Family Practice
	Robison, Jill D.	Pediatrics		Wickstrom, Glenda C.	Internal Medicine
	Sawdey, Donald R.	Family Practice	Boulder	Burkholder, James N.	Family Practice
	Yates, Ati H.	Internal Medicine	Butte	Brown, James F.	Pediatrics
Arlee	Suzuki, Fumi L.	Family Practice		Chamberlain, David Paul	Internal Medicine
Bigfork	Busby, Tina M.	Family Practice		Ellis, William Bruce	Family Practice
	Jenko, Thomas G.	Family Practice		Gould, Stanley F.	OB & GYN
Billings	Anderson, Richard D.	Internal Medicine		Graham, Kenneth J.	Pediatrics
	Beijer, Kerstin A.	Family Practice		Hunt, Kenneth C.	Family Practice
	Bullman, Jon M.	Family Practice		Jacobson, John R.	Internal Medicine
	Busch, Byron J.	Internal Medicine		Konecny, Anthony M.	Family Practice
	Campbell, Bruce G.	Family Practice		Kronenberger, Brett N.	Internal Medicine
	Collett, Gordon C.	Pediatrics		LeFever, Michael E.	Family Practice
	Cook, Cheryl S.	Internal Medicine		Mathers, Daniel H.	Internal Medicine
	Dennis, Terry D.	Internal Medicine		McGree, Patrick J.	Family Practice
	Etchart, Leonard W.	Internal Medicine		Mosqueda, Erik N.	Pediatrics
	Ezell, Douglas T.	OB & GYN		Mulcaire-Jones, George	Family Practice
	Fahrenwald, Roxanne	Family Practice		Popovich, Keith J.	Internal Medicine
	Fishburn, Amy M.	Internal Medicine		Pullman, John	Internal Medicine
	Forseth, Hal W.	OB & GYN		Sager, Wayne L.	Pediatrics
	Gerbasi, Paolo F.	Family Practice		Salisbury, Dennis F.	Family Practice
	Gobin, Mark R.	Internal Medicine		Salisbury, Jessie J.	Pediatrics
	Grewell, Donald A.	Family Practice		Sessions, Lisa K.H.	Family Practice
	Gunville, Fred E.	Pediatrics		Shepherd, Susan M.	Pediatrics
	Hagan, Michael C.	Internal Medicine		Siddoway, Paul R.	Internal Medicine
	Hugelen, Julie A.	Family Practice		Taverna, Jacob M.	Internal Medicine
	James, Thomas R.	Family Practice		Wilson, Judith H.	Internal Medicine
	Johnson, David F.	Internal Medicine	Choteau	Shelton, Laura	Family Practice
	Johnson, Jeffrey S.	Internal Medicine		Vail, Ronald E.	Family Practice
	Johnson, Linda R.	Pediatrics	Columbia Falls	Carlson, Mary Ann	Pediatrics
	Johnson, Vernon N.	Family Practice		Miller, Joan M.	Family Practice
	Kelker, Paul A.	Pediatrics		Pitman, Douglas J.	Family Practice
	Kenamore, Claire L.	Pediatrics		Tremper, John H.	Family Practice
	Kent, Thomas F.	OB & GYN	Dillon	Thomas, Raymond L.	Family Practice
	Kobrine, Lori L.	Pediatrics	Eureka	Ionescu, Raluca M.	Internal Medicine
	Kummer, Marian E.	Pediatrics		Ionescu, Serban I.	Internal Medicine
	Lambert, Thomas J.	Internal Medicine		Stein, Edward P.	Family Practice
	Langohr, Janis I.	Pediatrics	Florence	Gomersall, Janice R.	Family Practice
	Levy, Craig A.	Internal Medicine		Vasquez, Ned F.	Family Practice
	Lewis, Allen T.	Pediatrics	Fort Benton	Buck, Mark K.	Family Practice
	Maheras, Joseph C.	Internal Medicine		Russell, Donald E.	Internal Medicine
	Malters, Edward C.	Internal Medicine	Great Falls	Addison, T Brice	Internal Medicine
	McClave, Charles R.	Internal Medicine		Asthalter, James H.	Family Practice
	Metzger, Michael E.	Internal Medicine		Avery, Susan H.	Family Practice
	Michels, Frank C.	Family Practice		Barker, Marci L.	Family Practice
	Nichols, Robert James	Family Practice		Bergman, Bradford A.	Internal Medicine
	Petersen, Susan J.	Family Practice		Braget, Daren J.	OB & GYN
	Sauer, John Patrick	Pediatrics		Buchanan, C. Mart	Internal Medicine
	Schiffert, Martin G.	Family Practice		Buffington, Gary A.	Internal Medicine
	Schnitzer, Brian M.	Family Practice			
	Shaub, Stephen R.	Family Practice			
	Sorensen, Neal B.	Internal Medicine			
	Standish, David D.	Pediatrics			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Great Falls	Burleigh, Peter L.	OB & GYN	Helena	McCroskey, Robert C.	Internal Medicine
	Chapman, Vicki L.	OB & GYN		Miller, Frank L.	OB & GYN
	Chrzanowski, Steven M.	Internal Medicine		Nolan, Michael D.	Family Practice
	Dolan, Paul G.	Internal Medicine		Richardson, Bruce W.	Family Practice
	Eck, Marci J.	OB & GYN		Askin, Susan A.	Internal Medicine
	Engbrecht, David R.	Family Practice		Batey, William M.	Family Practice
	Friehling, Bonnie S.	Family Practice		Bower, Ryan T.	Family Practice
	Garver, Michael K.	Pediatrics		Cody, Karen E.	Family Practice
	Gerrity, Nora C.	Pediatrics		Corzine, Diana A.	Family Practice
	Handwerk, Francis J.	OB & GYN		Crichton, James W.	Family Practice
	Harkness, James E.	Family Practice		Dill, Tracy B.	Internal Medicine
	Hinz, Jeffrey P.	Pediatrics		Eodice, Diane M.	Family Practice
	Houlihan, Gregory S.	Family Practice		Eodice, Paul A.	Family Practice
	Johnson, Marcus A.	Family Practice		Fernandez, William N.	Internal Medicine
	Joyner, Donald R.	OB & GYN		Fritz, Blayne L.	Pediatrics
	Krezowski, Phillip A.	Internal Medicine		Harrison, Virginia Lee	Internal Medicine
	Kuykendall, Julie L.	OB & GYN		Hess, Phillip A.	Family Practice
	Lenz, Tony J.	Internal Medicine		Hesskamp, Daniel E.	Internal Medicine
	Mahan, John W.	Internal Medicine		Hiesterman, Dwight R.	Internal Medicine
	Marron, Colleen M.	Pediatrics		Howell, Sheri S.	Family Practice
	Martin, Bryan E.	Internal Medicine		Hunter, Kristine A.	Internal Medicine
	Matelich, Craig C.	Pediatrics		Justad, Jean M.	Internal Medicine
	Maynard, Bobby L.	Internal Medicine		Keefe, Erin M.	Pediatrics
	Maynard, Nancy J.	Pediatrics		Krainacker, David A.	Family Practice
	McClure, Robert J.	OB & GYN		Kreisberg, Mark S.	Internal Medicine
	Messick-Laeven, Petra M.	Pediatrics		Kubicka, Kurt T.	Family Practice
	Miles, Mark R.	OB & GYN		Larson, Jay L.	Internal Medicine
	Mills, Angela L.	Family Practice		Lechner, David W.	Family Practice
	Roux, Timothy P.	Internal Medicine		Maher, James J.	Family Practice
	Speer, Jerry W.	Family Practice		Malany, Andrew M.	OB & GYN
	Swift, Douglas E.	Internal Medicine		Marx, Shari K.	Internal Medicine
	Treptow, Craig L.	Family Practice		McMahon Jr., Jack W.	OB & GYN
	Triehy, Thomas G.	Family Practice		Mest, Stephen J.	Internal Medicine
	Weill, Timothy C.	Family Practice		Ramirez, Jorge I.	Family Practice
	Wood, Julie A.	Family Practice		Reynolds, John A.	Pediatrics
	Yturri, James A.	Internal Medicine		Sanders, Kenton L.	Internal Medicine
Hamilton	Ashcraft, Walker J.	Family Practice	Kalispell	Sargent, Richard P.	Family Practice
	Borino, Teresa P.	Family Practice		Schoderbek, William E.	Internal Medicine
	Brouwer, Lawrence D.	Family Practice		Shepard, Robert M.	Family Practice
	Gillis, Harry G.	Pediatrics		Snider, William C.	Family Practice
	Harder-Brouwer, Kathleen	Family Practice		Souvenir, David B.	Internal Medicine
	Heath, H. Brett	Family Practice		Strekall, Michael S.	Family Practice
	Melia, Larry D.	Internal Medicine		Strickler, Jeffrey H.	Pediatrics
	Milch, Lisa J.	Internal Medicine		Strizich, Thomas A.	Pediatrics
	Moreland, John P.	Internal Medicine		Weitz, Brian C.	Family Practice
Hardin	Smith, Gary	Internal Medicine		Wiley, Frank W.	Family Practice
	Stewart, Randy L.	Family Practice		Armstrong, Jr., James H.	Family Practice
	Billin, Aaron R.	Family Practice		Armstrong, SR., James H.	Family Practice
	Greimann, Carolyn S.	Family Practice		Bechard, Jason G.	Internal Medicine
	Ostahowski, Gary A.	Family Practice		Bechard, Jonathan G.	Internal Medicine
Harlowton	Whiting, Jr., Robert R.	Family Practice		Bukacek, Ann M.	Internal Medicine
	Maccart, John G.	Family Practice		Caughlan, Thomas V.	Internal Medicine
Havre	Wolf, Mary M.	Family Practice		Csaplar, Laura J.	Pediatrics
	Henderson, Robert T.	Internal Medicine		Davis, Jack L.	Internal Medicine
	Huffman, Phillip A.	Internal Medicine		Dixon, Charles L.	Family Practice
	Kelley, James N.	Family Practice		Evans, Stephen S.	Internal Medicine
	Lien, Karen E.	Family Practice		Fleischer, Lisa Ann	Family Practice
				Gill, Christopher H.	Internal Medicine

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Kalispell	Habel, David C.	Internal Medicine	Polson	Hanson, Gregory S.	Family Practice
	Johnson, Marise K	Internal Medicine		Carte, Timothy W.	Pediatrics
	Jonas, Kenneth L	Family Practice		Gorman, David E	Family Practice
	Kiley, James A.	Family Practice		Irwin, R. Stephen	Family Practice
	Lavin, John A.	OB & GYN		Norum, Nora E.	Family Practice
	Ludden, Charles B.	OB & GYN		Panos, Craig J.	Family Practice
	Martin, Irene R.	Family Practice		Stahl, Steve D	Family Practice
	Natelson, Richard M	OB & GYN	Red Lodge	Cohen, Steven C	Family Practice
	Nelson, Douglas A.	Internal Medicine		Zavala, Jeffrey S.	Family Practice
	Oehrtman, Pamela R.	Family Practice	Ronan	Bedell, Mikael Eugene	Family Practice
	Palchak, Andrew E.	Family Practice		Cullis, William C.	Family Practice
	Sharp, Cindy K	Internal Medicine		Dempsey, John Michael	Family Practice
	Sherrick, Robert C.	Internal Medicine		Drury, Megan B.	Family Practice
	Sorensen, Mark J.	Pediatrics		Gochis, Paul D.	Family Practice
	Swanberg, Louise E.	Internal Medicine		Jones, Heather	Family Practice
	Violett, Jodi L	Family Practice		Stepanski, Suzanne M	Family Practice
	Vranish, Loren S.	Family Practice		Vizcarra, Ed T.	Family Practice
	Weber, Kyle C.	Family Practice		Yoder, Steven M.	Family Practice
	Wilder, Wallace S.	Pediatrics	Roundup	Madi, Ahmed M	Internal Medicine
	Winkel, R. Dennis	Family Practice		Subramanian, Sanjay	Internal Medicine
	Wise, Richard C.	Family Practice	Saint Ignatius	Davis, Victor M.	General Practice
Laurel	Forseth, Lori A.	Family Practice		Autio, Lar K.	Family Practice
	McCrea, Kevin G	Family Practice	Seeley Lake	Nevin, Donald R.	Family Practice
	Richardson, E. Lee	Family Practice		Baldrige, Teresa A.	Internal Medicine
	States, Patti A.	Family Practice	Stevensville	Crews, Kirk Leroy	Family Practice
	Ulrich, Robert C	Family Practice		Jones, Ellyn P.	Pediatrics
Libby	VanNice, Robert B.	Family Practice		Milan, Georgia A.	Family Practice
	Tai, Frederick W	Internal Medicine		Paul, Mark C.	Family Practice
Miles City	Drivdahl-Smith, Christine	Family Practice		Pittenger, Leea M.	Family Practice
	Gallo, Susan J.	Family Practice		Randall, Thomas A.	Pediatrics
Missoula	Arnold, John E.	Pediatrics		Reed, Frank M	Family Practice
	Calderwood, Terence M.	Family Practice		Rudd, Jane P	Family Practice
	Caldwell, J. Michael	Internal Medicine	Thompson Falls	Lovell, Randy J.	Family Practice
	Donovan, Janelle L.	Pediatrics		Bullington, Ben P.	Internal Medicine
	Evans, Kathleen E	Family Practice	White Sulphur Springs	Steinberg, Marc P.	Pediatrics
	Gottman, Dirk R.	Pediatrics		Beach, D. Randall	OB & GYN
	Gouaux, James E.	Internal Medicine	Whitefish	Charman, Charles S	Internal Medicine
	Hughson, H. Eric	Internal Medicine		Daniell, Suzanne D	Internal Medicine
	Knapp, Joseph F.	Internal Medicine		Erickson, Jay S.	Family Practice
	Kress, Eric Jon	Family Practice		Holdhusen, Christopher J.	Family Practice
	Langenderfer, Mary C.	Internal Medicine		Kalbfleisch, John N.	Family Practice
	Marks, Robert D.	Family Practice		Miller, Jon A.	Family Practice
	McDonald, Judith D.	Family Practice		Miller, Ronald A.	Family Practice
	Murphy, Anne Marie	Internal Medicine		Munzing, Daniel E.	Family Practice
	Roberts, Thomas H.	Internal Medicine		Neff, Kathryn H.	Family Practice
	Rogers, Kathleen S.	Pediatrics		Ricker, Frank M.	Family Practice
	Seagraves, Stan H.	Internal Medicine	Whitehall	Reiff, Terry D.	Family Practice
	Selbach, Susan M.	Family Practice		Sacry, Gayle	Family Practice
	Sheehan, Kevin M	Internal Medicine	Worden	Stanley, Merrill Scott	Family Practice
	Szekely, Peter C.	Internal Medicine			
	Visscher, Judith K.	Family Practice			
	Walter, Gary F.	Internal Medicine			
	Yahn, Diane M.	Internal Medicine			
Plains	Damschen, Rhonda Elaine	Family Practice			
	Drye, John N	Family Practice			
	French, Dean O	Family Practice			

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
Big Sandy	Lanchbury	Forrest	MD		Uptergrove	Kevin	MD
					Weiss	Deric	MD
					Wittnam	Charles	MD
Big Timber	Healy	Ronald	MD				
	Jacquay	Paul	PAC	Boulder	Burkholder	James	MD
	Peden	Kirby	MD		Lagerquist	Lori	PA
	Walker	Wallace	MD		Lechner	David	MD
	Walton	Sarah	FNP		Sargent	Richard	MD
					Shepard	Robert	MD
Billings	Argani	Faranak	MD				
	Asbell	Susan	FNP	Butte	Burton	Susan	CNM
	Campbell	Bruce	MD		Gould	Stanley	MD
	Carr	F	MD				
	Castles	Shelly	MD	Chinook	Nemes	Joseph	MD
	Center	Dean	MD				
	Collett	Gordon	MD	Colstrip	Craig	Jackson	PA
	Cruikshank	Sandra	NP		Ortiz	Jose	MD
	Duncan	Heidi	MD		Pereles-Ortiz	Jeanne	MD
	Emery	Dale	MD				
	Fahrenwald	Roxanne	MD	Columbus	Beamer	Mark	MD
	Fullerton	Brian	MD		Kane	David	MD
	Gall	Daniel	MD		Klee	Richard	MD
	Gerstner	Steven	MD				
	Girolami	James	MD	Culbertson	Abawi	Jaber	MD
	Grewell	Donald	DO				
	Guisti	Robert	FNP	Darby	Evans	Patricia	MD
	Gunville	Fred	MD				
	Guzman	Glenn	MD	Deer Lodge	Martin	Wayne	MD
	Hall	Kathryn	PAC		Oser	J	MD
	Hemmer, Jr.	Lawrence	MD		Stinson	Kathy	MD
	Husby	Lucinda	MD		Sullivan	Donald	PAC
	James	Thomas	MD				
	Johnson	Julie	MD	Dillon	Blake	C	MD
	Johnson	Linda	MD		Carrick	Patricia	FNP
	Johnson	Vernon	MD		Grantham	Patricia	MD
	Kale	Kari	MD		Haight	Eugenie	MD
	Kelker	Paul	MD		Loge	Ronald	MD
	Kelly	Alberta	MD		Mckee	Scott	MD
	Kenamore	Claire	MD		Thomas	Raymond	MD
	Kennedy	Marie	PAC		Weed	Karen	MD
	King	J	MD				
	Klee	Karen	MD	Florence	Engberg	Lynn	FNP
	Kummer	Marian	MD		Milan	Georgia	MD
	Langohr	Janis	MD				
	Lewis	Allen	MD	Forsyth	Anderson	William	MD
	Mccomb-Goins	Stacy	PAC		Crowley	Diane	MD
	Mitchell	Peter	MD		Hopwood	Donald	MD
	Moore	Douglas	MD				
	Neubauer	Laurie	PAC	Great Falls	Hinshaw	James	MD
	Rathe	Laura	MD		Harkness	James	DO
	Regan	Dennis	MD		Johnson	Marcus	MD
	Saberhagen	Eric	MD		Johnson	Mike	MD
	Sauer	J	MD		Kuykendall	Julie	MD
	Smith	Angela	PA				
	Smith	Ronald	MD	Hamilton	Ashcraft	Walker	MD
	Standish	David	MD		Borino	Teresa	MD
	Starr	Brian	MD		Brouwer	Lawrence	MD
	Stevens	Richard	MD		Favara	Blaise	MD
	Szabo	Laura	MD		Forbes	Virginia	FNP
	Tapia	Lionel	MD		Gillis	Harry	MD
	Thompson	Frank	MD		Harder-Brouwer	Kathleen	MD
					Heath	H	MD

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE		
	Humphrey	Maria	NP		Larson	Jay	MD		
	Laraway	John	MD		Lechner	David	MD		
	Milch	Lisa	MD		Malany	Andrew	MD		
	Moreland	John	MD		Mcmahon	John	MD		
	Smith	Gary	MD		Mest	Stephen	MD		
	Stewart	Randy	MD		Ramirez	Jorge	MD		
	Wagner	Alexis	FNP		Reynolds	John	MD		
	White	Marshall	MD		Roope	Beverly	FNP		
Hardin	Billin	Aaron	MD		Sanders	Kenton	MD		
	Caprata	Kim	PA		Sargent	Richard	MD		
	Greimann	Carolyn	MD		Seitz	Tristan	MD		
	Murter	Melody	NP		Shepard	Robert	MD		
	Ostahowski	Gary	MD		Smigaj	Denise	NP		
	Thorngren	Frank	MD		Snider	William	MD		
	Whiting	Robert	MD		Souvenir	David	MD		
Harlowton	Ham	Tony	MD		Strekall	Michael	MD		
	Maccart	John	MD		Strickler	Jeffrey	MD		
	Thompson	Dwight	PA		Strizich	Thomas	MD		
	Wolf	Mary	MD		Vanhorssen	Jamie	FNP		
Havre	Booth	Thomas	DO		Wiley	Frank	MD		
	Henderson	Robert	MD		Williams	Carla	MD		
	Huffman	Philip	MD		Hot Springs	Shear	Alan	PAC	
	Kelley	James	MD		Jordan	Muniak	Daniel	PAC	
	Lien	Karen (Karrie)	MD		Lincoln	Barrey	Roger	PA	
	Mccroskey	Robert	MD		Livingston	Baskett	Lindsay	MD	
	Miller	Frank	MD			Flook	Benjamin	MD	
	Nolan	Michael	MD			Loh	Johnson	MD	
	Pappas	Mary	NP			Noteboom	Dennis	MD	
	Richardson	Bruce	MD			Reid	Genevieve	MD	
	Ward	Mark	DO			Rowe	Thomas	MD	
Williams	Aryls	NP	Scanson	Peggy		FNP			
Helena	Askin	Susan	MD		Scofield	Ted	MD		
	Batey	William	MD		Sewell	Jeffrey	MD		
	Bills-Kazimi	Kay	PA		Malta	Armstrong	Patrick	PA	
	Bower	Ryan	MD			Giblette	Thad	NP	
	Bristow	Donna	FNP			Medina	Edwin	MD	
	Bryant	Lynne	NP		Miles City	Alfarra	Sherif	MD	
	Burkholder	James	MD			Amsden	Jessica	PAC	
	Cody	Karen	MD			Davis	Marilyn	PAC	
	Corzine	Diana	MD			Holland	Randy	PAC	
	Ditchey-Hellems	Susan	CNM			Nass	Omar	MD	
	Fernandez	William	MD			Reynolds	Lourdes	MD	
	Fritz	Blayne	MD			Roshan	Bijan	MD	
	Gormely	Dawn	NP		Shiotani	Glenn	MD		
	Groepper	Julie	NP		Vadheim	A	MD		
	Harrison	V	MD		Young	James	MD		
	Hay	Michael	MD		Missoula	Allen	Paula	PA	
	Hess	Philip	MD			Anderson	Rebecca	MD	
	Howell	Sherif	MD			Baker	Cheryl	MD	
	Hunter	Kristine	MD			Baskett	Kathleen	MD	
	Huntley	Maria	MD			Baumgartner	Thomas	MD	
	Hutchison	Mary	NP			Bridges	Carol	MD	
	Jordan	David	MD			Burke	Timothy	MD	
	Justad	Jean	MD			Carnegie	Margaret	MD	
	Keefe	Erin	MD						
	Kolar	Carol	CNM						

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
	Caruso	Kimberly	MD		Cullis	William	MD
	Combo	Daniel	MD		Drury	Megan	MD
	Cone	Clancy	MD		Jones	Heather	MD
	Davis	Carla	MD		Stepanski	Suzanne	DO
	Degrazio	Brenda	CNM		Vizcarra	Ed	MD
	Ferguson	J	MD		Yoder	Steven	MD
	Gerstle	Lawrence	MD				
	Gibson	Carla	APRN	Roundup	Harding	Dale	MD
	Graber	Shannon	MD		Madi	Ahmed	MD
	Harper	Daniel	MD		Subramanian	Sanjay	MD
	Harvey	Gary	MD				
	Hebl	Jeanne	CNM	St. Ignatius	Trudeau	Randy	PAC
	Howard	Raymond	DO				
	Hubbard	Duncan	MD	Stevensville	Baldrige	Teresa	MD
	Kornish	Gloria	PAC		Crews	Kirk	MD
	Kornish	Michael	MD		Jones	Ellyn	MD
	Laine	Ted	MD		Leugers	Camille	MD
	Marx	Laura	FNP		Paul	Mark	MD
	Mccoy	Craig	MD		Randall	Thomas	MD
	Mikesell	Bruce	MD		Reed	Frank	MD
	Montgomery	Lynn	MD		Rooley	Beverly	NP
	Nielsen	Killeen	APRN		Rudd	Jane	MD
	Opper	Mindy	PA		Turnbull	Teresa	NP
	Pitt	Jesse	MD				
	Priddy	Michael	MD	Superior	Chambers	Laurel	PAC
	Quick	Edward	MD		Jones	Terry	MD
	Rauch	Kristen	MD		Park	Yong	MD
	Ravitz	Eric	DO		Smith	Terry	DO
	Rosquist	Jennifer	MD				
	Schure	S	MD	Thompson Falls	Fiel	Janet	APRN
	Simmons	Sandra	MD		Lintz	Jan	PAC
	Smith	John	MD		Lovell	Randy	DO
	Smith	Stephen	MD				
	Thompson	Beth	MD	Whitehall	Reiff	Terry	DO
	Travis	Lee	MD		Sacry	Gayle	MD
	Wallace	Steven	MD				
	Westphal	David	MD				
	Whitney	Leslie	MD				
Noxon	French	Dean	MD				
	Johns-Kooy	Karin	PAC				
Plains	Damschen	Rhonda	MD				
	Drye	John	MD				
	Hanson	Gregory	MD				
	Nicoletto	Joseph	MD				
Polson	Ardiana	Gina	FNP				
	Gochis	Paul	MD				
	Gorman	David	MD				
	Palmieri	Steven	DO				
	Panos	Craig	MD				
	Smith	Michelle	MD				
Red Lodge	George	William	MD				
	Hauxwell	Clint	MD				
	Mohl	Virginia	MD				
Ronan	Bahnmler	Daniel	DO				
	Bedell	Mikael	MD				

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Absarokee	Cruikshank	Sandra	Family Practice		Lindley	Jeff	Family Practice
	Exley	Jack	Family Practice		Loge	Patricia	Family Practice
	Loge	Patricia	Family Practice		Maheras	Joseph	Internal Medicine
	Ragar	Todd	Family Practice		Malters	Edward	Internal Medicine
	Smith	Kelly	Family Practice		McClave	Charles	Internal Medicine
	Spuhler	Sheri	Family Practice		McDonough	Catherine	Family Practice
Anaconda	Robison	Jill	Pediatrics		McNew	Laurie	Internal Medicine
					Mehia	Denise	Internal Medicine
Ashland	Billin	Aaron	Family Practice		Metzger	Michael	Internal Medicine
	Caprata	Kimberly	Family Practice		Michels	Frank	Family Practice
	Greimann	Carolyn	Family Practice		Molloy	Daniel	OB & GYN
	Murter	Melody	Family Practice		Moore	Douglas	Family Practice
	Ostahowski	Gary	Family Practice		Nagy	Dianne	OB & GYN
Billings					Neuhoff	Douglas	OB & GYN
	Anderson	Richard	Internal Medicine		Nichols	Robert	Family Practice
	Bailey	Ieva	OB & GYN		Pestle	Rebecca	Internal Medicine
	Beijer	Kerstin	Family Practice		Petersen	Susan	Family Practice
	Bullman	Jon	Family Practice		Petrozzo	Joseph	Family Practice
	Busch	Byron	Internal Medicine		Plummer	L. Eugene	Family Practice
	Campbell	Bruce	Family Practice		Quinn	Christine	Family Practice
	Cassel	Carolyn	Internal Medicine		Ragar	Todd	Family Practice
	Chavez	David	Pediatrics		Roane	Douglas	Internal Medicine
	Chisdak	Jami	OB & GYN		Schiffert	Martin	Family Practice
	Cobb	Patrick	Internal Medicine		Schnitzer	Brian	Family Practice
	Collett	Gordon	Pediatrics		Shaub	Stephen	Family Practice
	Cook	Cheryl	Internal Medicine		Smith	Angela	Family Practice
	Cruikshank	Sandra	Family Practice		Smith	Kelly	Family Practice
	Dennis	Terry	Internal Medicine		Sorensen	Neal	Internal Medicine
	Dietrich	Janet	OB & GYN		Standish	David	Pediatrics
	Egan	Colleen	Family Practice		Stevens	Richard	Pediatrics
	Emery	Danielle	OB & GYN		Tapia	Lionel	Pediatrics
	Etchart	Leonard	Internal Medicine		Thompson	Frank	Family Practice
	Ezell	Douglas	OB & GYN		Thuesen	Vicki	Family Practice
	Fahrenwald	Roxanne	Family Practice		Troupe	Daniel	Family Practice
	Fishburn	Amy	Internal Medicine		Wagner	Sarah	Family Practice
	Forseth	Hal	OB & GYN		Wickstrom	Glenda	Internal Medicine
	Furr	Pamela	OB & GYN		Widenoja	Pat	Family Practice
	Gerbasi	Paolo	Family Practice		Willkom	Brenda	OB & GYN
	Gilmore	Brenda	Family Practice		Zinser	Michael	Family Practice
	Giusti	Robert	Family Practice	Bridger	Loge	Patricia	Family Practice
	Gobin	Mark	Internal Medicine		Malinowski	Sheryl	Family Practice
	Hagan	Michael	Internal Medicine		Ragar	Todd	Family Practice
	Hall	Kathryn	Family Practice		Smith	Kelly	Family Practice
	Harris	Vanona	Family Practice	Butte	Brown	James	Pediatrics
	Hart	Nadine	Family Practice		Burton	Susan	OB & GYN
	Hugelen	Julie	Family Practice		Carrick	Patricia	Family Practice
	James	Thomas	Family Practice		Chamberlain	David	Internal Medicine
	Johnson	David	Internal Medicine		Community Health Center		Clinic
	Johnson	Jeffrey	Internal Medicine		Cortese	Florian	Internal Medicine & Gastroenterology
	Johnson	Vernon	Family Practice				
	Jozwiak	Mary	Internal Medicine		Gould	Stanley	OB & GYN
	Kadri	Abdulmajeed	Internal Medicine		Graham	Kenneth	Pediatrics
	Kadri	Kathie	Internal Medicine		Healy	Shari	Family Practice
	Kent	Thomas	OB & GYN		Henke	Paul	OB & GYN
	Kummer	Marian	Pediatrics		Hunt	Kenneth	Family Practice
	Lambert	Thomas	Internal Medicine		Jenrich	Mianne	OB & GYN
	Langohr	Janis	Pediatrics		Kronenberger	Brett	Internal Medicine
	Levy	Craig	Internal Medicine		LeFever	Michael	Family Practice
	Lewis	Allen	Pediatrics				

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	McGree Patrick	Family Practice		VanNice Robert	Family Practice
	Mercury Street Medical Group	Clinic		VanNice Robert	OB & GYN
	Mosqueda Eric	Pediatrics			
	Mulcaire-Jones George	Family Practice	Miles City	Drivdahl-Smith Christine	Family Practice
	Munro Leslie	Geriatrics		Erickson Kara	Family Practice
	O'Brien Al	Family Practice		Gallo Susan	Family Practice
	Popovich Keith	Internal Medicine & Pulmonary Medicine		Gwin Cathie	Family Practice
				King Charles	OB & GYN
	Pullman John	Internal Medicine & Critical Care & Infectious Disease Clinic		Osmun Cathie	OB & GYN
				Pezzarossi Patricia	Pediatrics
	Rocky Mountain Clinic			Rauh J. Randall	OB & GYN
	Russel Kathy	Family Practice		Reynolds Lourdes	Pediatrics
	Sager Wayne	Pediatrics		Riley Mary	Family Practice
	Salisbury Dennis	Family Practice		Smisson David	Internal Medicine
	Salisbury Jessie	Pediatrics		Young James	Pediatrics
	Sessions Lisa	Family Practice	Red Lodge	Cruickshank Sandra	Family Practice
	Sessions Lisa	Obstetrics		Loge Patricia	Family Practice
	Shepherd Susan	Pediatrics		Ragar Todd	Family Practice
	Siddoway Paul	Internal Medicine & Cardiology		Smith Kelly	Family Practice
				Zavala Jeffrey	Family Practice
	Takach George	Family Practice	Worden	Cruickshank Sandra	Family Practice
	Wilson Judy	Internal Medicine		Hart Nadine	Family Practice
Deer Lodge	Bertoglio Francis	Family Practice		Loge Patricia	Family Practice
	Deer Lodge Clinic	Clinic		Pestle Rebecca	Internal Medicine
	Martin Wayne	Family Practice		Ragar Todd	Family Practice
	Oser J. Barry	Family Practice			
	Stinson Kathy	Family Practice			
	Sullivan Don	Family Practice			
Hardin	Billin Aaron	Family Practice			
	Caprata Kimberly	Family Practice			
	Cruickshank Sandra	Family Practice			
	Greimann Carolyn	Family Practice			
	Helwick Lillian	Family Practice			
	Loge Patricia	Family Practice			
	Murter Melody	Family Practice			
	Ostahowski Gary	Family Practice			
	Persons June	Family Practice			
	Ragar Todd	Family Practice			
	Ralicke Eileen	Family Practice			
	Smith Kelly	Family Practice			
	Troyer Lin	Family Practice			
	Whiting Robert	Family Practice			
Harlowton	Ham Tony	Family Practice			
	MacCart John	Family Practice			
	Ragar Todd	Family Practice			
	Thompson Dwight	Family Practice			
	Wolf Mary	Family Practice			
Laurel	Cruickshank Sandra	Family Practice			
	Forseth Lori	Family Practice			
	Loge Patricia	Family Practice			
	McCrea Kevin	Family Practice			
	Ragar Todd	Family Practice			
	Richardson E. Lee	Family Practice			
	Smith Kelly	Family Practice			
	States Patti	Family Practice			
	Ulrich Robert	Family Practice			

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2003

ACTIVE EMPLOYEES

\$366.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on page 6)

Traditional: \$ _____ (b)

Basic: \$ _____ (b)

Blue Choice: \$ _____ (b)

New West: \$ _____ (b)

Peak Health: \$ _____ (b)

DENTAL PLAN (See rates on page 13)

\$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 14)

\$2.80 (d)

TOTAL CORE BENEFITS PREMIUM

Add lines b, c, and d = \$ _____ (e)

NET COST OF CORE BENEFITS AFTER STATE CONTRIBUTION

Subtract line e from a = \$ _____ (f)

*If line f is < \$0, you will pay out-of-pocket for Core Benefits each month.

OPTIONAL BENEFITS

LIFE INSURANCE (See rates on page 14)

Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (g)

Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (h)

Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (i)

Accidental Death & Dismemberment (\$.04 or \$.055 (with dependents) x every \$1,000 of coverage) \$ _____ (j)

LONG-TERM CARE INSURANCE (See rates on pages 23 and 24)

\$ _____ (k)

VISION SERVICE PLAN (See rates on page 13)

\$ _____ (l)

OPTIONAL BENEFITS PREMIUM

Add lines g, h, i, j, k and l = \$ _____ (m)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2003 BENEFITS

CORE BENEFITS

Enter amount from line e \$ _____ (p)

OPTIONAL BENEFITS

Enter amount from line m \$ _____ (q)

TOTAL BENEFITS

Add lines p and q \$ _____ (r)

STATE CONTRIBUTION

Enter amount from line a \$ _____ (s)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2003 BENEFITS

Subtract line s from r \$ _____

OPTION 2

HEALTH INSURANCE ELECTION

FOR STATE OF MONTANA LEGISLATORS

Complete this form to designate your election to waive coverage (health, dental and life) under the State of Montana Employee Benefits Plan and apply the State contribution to other health insurance coverage. *The Premium Statement must also be completed.*

Employer Providing Alternate Coverage

Address

City

State

Zip

Phone

Insurance Carrier

Address

City

State

Zip

Policy Number

I understand that the State contribution will be paid on the last day of each month. I further understand that it remains my responsibility to pay any portion of the alternate coverage premium which is over the current State contribution. I understand that my COBRA rights are voided if I choose this option.

PREMIUM STATEMENT

Legislator's Name

Social Security Number

Address

City

State

Zip

Phone Number

ALTERNATE COVERAGE INFORMATION

Total Monthly Premium: \$ _____

Employer Contribution: \$ _____

Remaining Balance: = \$ _____ **

** The State of Montana will pay this amount providing it does not exceed the monthly State Contribution.

Make Check Payable to: _____

Mail Check to: _____

Instructions: Complete all requested information regarding the Legislator and the Alternate Insurance. **This information must be accompanied with documentation from your Insurance provider showing your out-of-pocket premium costs.** You are required to notify the Employee Benefits Bureau of any changes in your alternate coverage. We request this notification within 60 days of the effective date of the change. We are unable to adjust for premium change amounts beyond 60 days. Payments for alternate coverage are processed on the last working day of each month.